File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A

Reset Form

IA EA ETHICS AND
MPAIGNODE OF THE SECOND

Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, S DISCLOSURE SU		20000000	PM 7-18 IL 21 PM:1 <b>2</b> 509
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee ( Subdivision Candidate (8) Cour 11) Local Ballot Issue  CANDIDATE COMMITTEES Candidate Name  EVIN  Office Sought  OWa	of committee you are reporting for:  Standing for Retention Candidate (2)State Standing for Retention Candidate (2)State Standing for Retention Candidate (2)State Standing for Retention Candidate (3)County Candidate (6)City Candidate (10)School Board  ONLY:  The  Senate  ble civil and criminal penalties. Pursuar	Committee  Je PAC (3) State Party (7) School Board or Other Political or Other Political Subdivision PAC  Political Party (if applicable)  Democrat  District (if Senate or House)	For Off (Rev.   For Off Comm. Logged Scanne Compu. Audited	RM R-2 DISCLOSURE REPORT  Fice Use Only  # DISCLOSURE REPORT  Fice Use Only  # DISCLOSURE REPORT
Harland Fic SIGNATURE OF PERSON FI	LING REPORT	712-523- <b>3</b> 45	2 _0	7-76-08 DATE SIGNED
CHECK IF AMENDMENT	eport date) TO REPORT DATED  action) report and attach Notice of Disto file reports until a DR-3 is filed.)		# Local Committee	pes, enter Date of Election  Committees, enter County in
CASH ON HAND at the begin	IENT OF CASH ON HAND  ning of the reporting period. (Total or ount MUST be the same as the cash period or must be zero if this is first re	on hand at the end	\$	2,509.57
ADD TOTAL MONE Schedule A: Cash of Schedule F: Loans	Y TAKEN IN THIS PERIOD  Contributions total (Attach Schedule A  Received total (Attach Schedule F)  Sales of Campaign Property (Attach S	\) (*also see in-kind below)		186.93
SUBTRACT TOTAL Schedule B: Exper Schedule F: Loan f	H applies to Candidates' Committe  MONEY SPENT THIS PERIOD  ditures total (Attach Schedule B) (**al  Repayments total (Attach Schedule F)  of this reporting period (if final report b)	SUB-TOTAL	) 	2696.50 2696.50 0
***UNPAID BILLS (From Sche *IN KIND CONTRIBUTIONS **OUTSTANDING LOANS (F CONSULTANT BREAKDOW CANDIDATE COMMITTEES	edule D - Attach Schedule D)(From Schedule E - Attach Schedule From Schedule F - Attach Schedule F)  (N (Schedule G Attached?)	E)	\$\$\$	0 425.72 0 yes × no

For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**SCHEDULE** Reset Form MONETARY (Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)						
			Committee			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	IE EOD
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE*  (if applicable)	RECEIVED	√ IF FOR FUND- RAISER INCOME
4-2	ID# CK#	Jack 1 Delores Hill 2029 Joshua Tree Corning IA. 50841		\$50,00	
b-2	ID# CK#	Jamie & Bebbie Hogan 2229 Hwy34 Corning IA. 5084		25.00	
6-3	ID#	B. Ray a Janice Griffith 2735-130th Prescott, IA. 50859		10000	
7-8	ID# CK#	Revin Wynn 1935 Corning Carl Rd Corning IA. 50841	self	11.93	
	CK#				
	ID#			·	
	ID# CK#				
			SUB-TOTAL	·	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

Reset Form

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

**B** (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be s	same as on Statement of Organization)	,	
Win	with W.	Inn Senate Comn	rittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
530	CK# 1017	Print Shop 714 Davis Ave. Corning IA. 5084	puds, flyers, mailers envelopes	\$ 1,87500
5-30	CK# 10/8	Postmaster Corning, IA	Postage	#16800
6.2	CK# /0/9	Postmaster Corning, IA	Postage	*4200
6-3	CK# /020	Diagonal, IA.	adv	#9000
6-9	ID# CK# /0 <b>&gt;</b> 1	KUAK Radio Red Oak, IA	adv	#8500
6-20	CK# /022	Adams Co Free Press Corning, IA	adV	161,50
7-8	ск# /0;3	Print Shop Corning, IA.	mailers a envelopes	*27500
	ID# CK#			
			SUB-TOTAL	<b>.</b>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

	j		}
Page		of	

TOTAL (if last page of this schedule)

1					
COMMITTEE NAME (Must be same as on Statement of Organization)  Win with Wynn Senate Committee  Reset Form					IN-KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
64	Kevin Wynn Corning IA.	self	mileage 843 miles	\$ 425,72	
·			50.54		

SUB-TOTAL \$

TOTAL (if last page of this schedule)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_of \_\_\_\_\_\_(for Schedule E)